

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10644-150</u>	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1		1					51	
2	1		1					52	
3								53	
4								54	
5								55	
6								56	
7								57	
8								58	
9								59	
10								60	
11								61	
12								62	
13								63	
14								64	
15								65	
16								66	
17								67	
18								68	
19								69	
20								70	
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28								78	
29								79	
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36								86	
37								87	
38								88	
39								89	
40								90	
41								91	
42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS				TOTAL IND.	
2		49		57				TOTAL DEP.	
		17		18				TOTAL CLAIMS	